

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Restoration PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00571588       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Hodas &amp; Associates, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 04 / 2016</div> </div>		
Mailing Address 1537 Dial Court			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1249.06</div>		
City Springfield	State IL	Zip Code 62704	<b>Transaction ID : SE.5874</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 04 / 2016</div> </div>		
Purpose of Expenditure Phone calls		Category/ Type 004	Name of Federal Candidate Khouri, Tonia, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1249.06</div>	Office Sought: <input checked="" type="checkbox"/> House    District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: IL		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶					

Full Name of Payee <b>Hodas &amp; Associates, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 04 / 2016</div> </div>		
Mailing Address 1537 Dial Court			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1249.06</div>		
City Springfield	State IL	Zip Code 62704	<b>Transaction ID : SE.5875</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 04 / 2016</div> </div>		
Purpose of Expenditure Phone calls		Category/ Type 004	Name of Federal Candidate Bost, Michael, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1249.06</div>	Office Sought: <input checked="" type="checkbox"/> House    District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: IL		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2498.12</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Gaskill, Sherry, , ,*

[Electronically Filed]

Date

MM / DD / YYYY  
11 / 04 / 2016

Signature